

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S) <b>10/088659</b>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					
2		1		1				
3		1		1				
4		1		1				
5		1		1				
6		1		1				
7		1		1				
8		2		2				
9		2		2				
10		2		2				
11		2		2				
12		2		2				
13		1		1				
14		1		1				
15		2		2				
16		1		1				
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TOTAL IND.	1		2					
TOTAL DEP.	32		28					
TOTAL CLAIMS	33		31					
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